

## PART B - FEE(S) TRANSMITTAL

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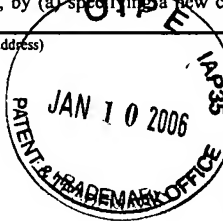
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7590

09/30/2005

Patent Law Offices of Heath W. Hoglund  
 256 Eleanor Roosevelt  
 San Juan, PR 00918



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Heath W. Hoglund	(Depositor's name)
<i>[Signature]</i>	(Signature)
12/30/05	(Date)

01/11/2006 HTECKLU2 00000067 10600267

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/600,267	06/20/2003	Raphael Raptis	UPR-1610	7558

TITLE OF INVENTION: SUBSTITUTED OCTANUCLEAR PYRAZOLATO CLUSTERS WITH ELECTRON TRANSFER AND MRI CONTRAST AGENT PROPERTIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	12/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, DAMERON LEVEST	1618	424-009320

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hoglund &amp; Pamias,

2 Heath W. Hoglund

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of Puerto Rico

San Juan, Puerto Rico

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

*[Signature]*

Date

12/30/05

Typed or printed name

Heath W. Hoglund

Registration No.

41,076

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